



## LEUKOTRIENE MODIFIERS PA SUMMARY

<b>PREFERRED</b>	Accolate, Montelukast
<b>NON-PREFERRED</b>	Singulair 4mg and 5mg chewable tablets, Zafirlukast (generic), Zflo, Zflo CR

**NOTE:** All agents in this category require prior authorization.

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

*Accolate (brand) or Montelukast*

- ❖ Claims history reviewed for the last rolling year to determine if at least 3 claims from the following medication classes have been used: Xanthines, Long-Acting Beta Agonists, Short-Acting Beta Agonists, Oral and Inhaled Steroids, and Mast Cell Stabilizers. The 3 claim history can be from any combination of the categories listed and is a total of 3 claims requirement, not 3 per class.

*AND*

- ❖ Accolate (in members 5 years and older) and montelukast (in members 12 months and older) are approvable for the diagnosis of asthma.

*ALSO:*

- ❖ Montelukast is approvable for the diagnosis of seasonal (in members 2 years and older) and perennial allergic rhinitis (in members 2 years and older) after claims history demonstrates prior use of two low sedating antihistamines and a nasal steroid. Providers should be prepared to provide documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to these agents. For members 6 months to 2 years of age with perennial allergic rhinitis, providers should provide documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Clarinex.
- ❖ Montelukast is also approvable for the diagnosis of exercise-induced bronchoconstriction in members 6 years and older who have been insufficiently treated a short acting beta agonist and an inhaled corticosteroid.
- ❖ In addition to meeting the criteria above for montelukast, Montelukast 4 mg packet granules require a written letter of medical necessity stating the reason(s) that generic montelukast 4mg chewable tablets cannot be used, unless the member is 12-23 months of age with asthma or 6 months to 2 years of age with perennial allergic rhinitis.

*Singulair 4mg and 5mg chewable tablets*

- ❖ For members 15 years of age or older, submit a written letter of medical necessity stating the reason(s) that montelukast 10mg tablets cannot be used. If member is less than 15 years of age, physician should submit



documentation of allergy or intolerable side effect to the inactive ingredients in two generic prescriptions of montelukast chewable tablets by different manufacturers.

*Zafirlukast*

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred products, brand name Accolate and generic montelukast, are not appropriate for the member.

*Zyflo or Zyflo CR*

- ❖ Zyflo and Zyflo CR are only approvable for members 12 years and older with asthma. Providers should be prepared to provide documentation of ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to both preferred agents, generic montelukast and Accolate

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and Appeal Process:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**Quantity Level Limitations:**

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.